Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

21880001

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			(Column 1)		(Column 2)		Ì	TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		* 6			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		* b			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than ze					r "0" in c	olumn 2	i	TOTAL		OR	TOTAL	740.00	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
(Column 1) CLAIMS				(Colui		(Column 3)		SMALL		OR	SMALL		
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ı	X42=		OR	X84=		
	FIRST PRESE	ULTIPLE DEF	TIPLE DEPENDENT			ŀ			On				
<u>L</u>								+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- OLAMA			X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=		
	TOTAL ADDIT. FEE										TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	1 66	OR	X\$18=	166	
MEN	Independent	*	Minus	***		=	 				X84=		
₹	FIRST PRESENTATION OF MULTIPLE DEPE			PENDEN	NDENT CLAIM			X42=		OR	∧84= ————————————————————————————————————		
+140=										OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE													
		nber Previously Pa					r fou	ind in the app	propriate box	k in col	lumn 1.		